

CLAIMS ONLY							Application Number 10/714474		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1			/				51				
2				/			52				
3							53				
4			/	/			54				
5				/			55				
6				/			56				
7			/				57				
8				/			58				
9				/			59				
10			/				60				
11				/			61				
12				/			62				
13			/				63				
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15				/			65				
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18				/			68				
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23				/			73				
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35				/			85				
36				/			86				
37				/			87				
38							88				
39							89				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			/		/		Total Indep				
Total Depend				/			Total Depend				
Total Claims					/		Total Claims				

12

24

36